

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO. 537816	FILING DATE 3-28-00						
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	DEF.	INO.	DEF.	INO.	DEF.		INO.	DEF.	INO.	DEF.	INO.	DEF.
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10	1						70						
11							71						
12							72						
13	1						73						
14							74						
15							75						
16							76						
17							77						
18							78						
19							79						
20							80						
21							81						
22							82						
23							83						
24							84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
TOTAL INO.	3						TOTAL INO.						
TOTAL DEF.	14						TOTAL DEF.						
TOTAL	17						TOTAL						